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Navy & Marine Corps Medical News  
MN-99-21  
May 28, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: Injured Sailors return to say goodbye  
By JO3 Cristina Asencio, USS John C. Stennis (CVN 74)

ABOARD USS JOHN C. STENNIS (CVN 74) -- After weeks of dismal weather, the morning of April 2 started out with a beautiful, sunny sky and mild temperature. Sailors were streaming off the gangways of USS John C. Stennis (CVN 74), eager to beat traffic and go on liberty for Easter weekend. Suddenly, a medical emergency was called away on the ship's speaker system. The events that followed would ultimately shake the ship - and its crew - to the keel.

Airman Apprentice Joe Fuentes and Airman Recruit Marcus

Wallace were performing routine maintenance on one of the carrier's four Jet Blast Deflectors when one of its four panels collapsed, pinning the Sailors underneath.

"It was so scary seeing them caught underneath like that - unable to help them," said eyewitness Aviation Boatswain's Mate (AW), Patrick Batiste. "I saw a lot of grown men and women crying that day."

Without hesitation, members of the emergency medical response team, some already going on liberty, rushed to the aid of the Sailors.

Fuentes and Wallace survived thanks to the quick reactions and compassion of their shipmates. Emergency microscopic surgery was needed to repair Fuentes' injured left arm. Unfortunately, his left leg couldn't be saved. Wallace lost his left foot in the accident. News of the incident sent shock waves through the ship. Everyone's thoughts were with their shipmates as they fought for their lives in nearby hospitals over the holiday weekend. By week's end, the two had been stabilized and their conditions had improved. Despite the feeling of loss aboard the ship, the crew pressed ahead, beginning sea trials off the California coast April 12.

Almost all of the crew's concerns and uncertainty were laid to rest when, just 12 days after the accident, a helicopter carrying Fuentes and Wallace touched down on the Stennis flight deck. The two airmen emerged from the craft, bandaged, but smiling and waving to their shipmates. Flight deck personnel cleared a path to an aircraft elevator so they could be transported to the carrier's hangar bay for a reception and awards ceremony.

"I'm really happy to be back onboard to see all my friends," said Fuentes. "This is really nice."

"It's great to see the commanding officer do such a good thing, having them come back," said one crewmember. "To stand side boys for two enlisted Sailors -- that's a good feeling."

Hundreds of Sailors crowded into Hangar Bay Two shortly after their arrival to greet their shipmates. RADM Jay A. Campbell, commander, Carrier Group SEVEN; CAPT Douglas Roulstone, commanding officer of the Stennis and other Air Department leaders pointed out the significance of the day and praised the handful of crew members standing in ranks in front of the crowd. These were the people who first treated Fuentes and Wallace on the flight deck.

"The greatest part of the day is to have Marcus and Joe back on the ship with us," said CAPT Roulstone. "The reason Marcus and Joe are here is because of the people standing in front of you. Even in a tragic accident like this, there are heroic efforts taking place. These people here are heroes - lifesavers."

Each member of the team received a medal or commendation for going above and beyond the call of duty that Friday. Fuentes and Wallace pinned on the awards.

"I'm happy to see the guys are doing okay," said

Aviation Boatswain Mate Second Class (AW) Deandre Beaufort. "The [Hospital Corpsmen] really deserved the awards they got."

The Sailors' immediate future is set for the moment.

Fuentes said he will continue his recovery at a hospital in Long Beach, Calif., and Wallace will return to Chicago, but not without one more go in the Hangar Bay.

"I wanted to come back to see everyone and say good-bye before I leave tomorrow," said Wallace. "I'll miss this, but I'm glad to be alive."

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Headline: Emergency team proves safe is better than sorry  
From U.S. Naval Hospital Guam

AGANA, Guam -- When a medical emergency response team answers a request for assistance, the need may not always be to restore heart beat, stop bleeding or to treat broken bones.

That was the case when the First Response Team of U.S. Naval Hospital Guam responded to a request for aid from the visiting U.S. Coast Guard Cutter Galveston Island.

At approximately 4:30 p.m., May 28, a fire occurred in the engine room of the ship while it was at sea. According to crewmembers, the fire burned paint, insulation, oil, and everything in its path. The fire also burned the outside of the ship and a life raft.

The crew fought the fire with hand-held carbon dioxide and PKP extinguishers and halon was dumped into the engine room twice. The fire was controlled by 5 p.m.

Now begins the story of being safe rather than sorry.

The skipper decides his damage control crew, even though they have only mild complaints, should be thoroughly checked by medical personnel when they returned to port, and the USNH Guam's medical crew ensures that all potential medical problems are checked..

Upon arriving in port, the ship requested medical evaluation for the crew. The hospital's First Response Team, led by LT Helen Lhamon, MC, arrived and discovered that the crew was not suffering from burns, bleeding, breathing problems or traumatic injuries. The primary complaints were headache and nausea.

According to Lhamon, the medical concern was the crew's exposure to hydrogen cyanide, carbon monoxide, and possibly halon. The exposure symptoms for all of the chemicals are some form of headache, nausea and confusion, among other indicators. The medical team was particularly concerned about hydrogen cyanide and normally treats all such exposures as potentially lethal.

Review of the gas measurements indicated that the engine room was first measured for gas levels at 2,000 parts per million just after the fire. Repeat measurements at approximately 10 p.m. were low and showed that levels were

dropping rapidly. The measurements suggested that the crew might have been exposed earlier to high levels.

Exposure to halon was felt to be minimal because the engine room was evacuated before halon was released, and it was only re-entered while wearing personal protective equipment. However, concern about hydrogen cyanide and carbon monoxide was considerable.

Even though the Coast Guard crew displayed no visible signs of injury, it was clear to the First Response Team that the prudent step was to transport all crewmembers with symptoms of headache, nausea or a history of exposure for further evaluation and treatment. No problems were detected with the crew and they were returned to duty. But the approach used by the skipper and the medical team was the best approach. After all, it's better to be safe than sorry.

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Headline: They fled Saigon as youngsters, became Navy dentists

By Rudi Williams, American Forces Press Service

WASHINGTON -- Thu Getka (Phan) was 17 when she and her family fled South Vietnam about 10 days before the fall of Saigon on April 30, 1975.

Pearl (Ngoc-Nhung) Tran was 12 when she fled about two days before the North Vietnamese overran the South Vietnamese capital.

Tran settled in Augusta, Ga., and Getka in Manassas, Va., "I was lucky because my brother-in-law was with [the] State Department at that point stationed in Vietnam," Getka said. In Vietnam, her father was the director of the Pasteur Institute and her mother was a housewife.

Tran, her mother and two sisters went to Augusta, where her father, an obstetrician-gynecologist, was studying at the Medical College of Georgia.

Tran and Getka never met in their homeland, but found out years later their lives had run on parallel paths.

Ironically, both of them joined the U.S. Navy. Both chose dentistry as a profession, both decided to specialize in periodontics, and now both are assigned to the National Naval Medical Center in Bethesda, Md.

Tran, who arrived at the center in July 1997, is a lieutenant commander in the second year of a three-year residency in periodontics. CDR Getka, a board-certified periodontist, arrived in June 1998 and became Tran's mentor. Tran said she felt a special kinship with Getka after talking about their escape from Saigon and their lives thereafter.

"As a kid in Saigon," said Tran, now 35, "I didn't understand a lot of things that were going on before I left Vietnam." She remembers her mother would go to the American embassy every morning and return home in the evening. She also remembers hearing about people swarming the embassy,

clamoring for paperwork to leave the country.

"That didn't mean anything to me at the time," Tran said.

"We knew things were escalating and the threat of the Viet Cong coming south was pretty high. It was just a matter of time."

She remembers the chaotic clamoring of hundreds of people at the airport trying to get flights out of South Vietnam.

"My mom had booked passage by boat as a backup plan," she recalled.

Getka described her family's escape as a chaotic race against time. "Not something you want to relive," she said. She was an 11th grader in a French school in the town of Dalat when the North Vietnamese started closing in. The family fled to Saigon, where she was only able to attend school for a couple of weeks before the nearby presidential palace was bombed prompting her family to flee. After finishing high school in the United States, Getka went on to attend Catholic University in Washington, D.C. Then she earned a dental degree at the University of Maryland and did one year of advanced general dentistry there.

Getka said she was drawn to naval service because her husband, then-fiancée, neuropsychologist CDR Eric Getka, had a Navy scholarship and joined the military before they married.

"My husband decided he liked the Navy and was going to make it a career," she said. "So the logical choice for me was to join the Navy, too."

Tran's trek into the Navy was somewhat different. She was so fascinated and impressed by "sharp-looking" Marine Corps high school Junior ROTC students that she wanted to be a Marine. That youthful dream was altered because the Marine Corps doesn't have health care professionals. So Tran joined the inactive Naval Reserve in 1989, a year and a half before graduating from dentistry school.

Tran initially studied premed "because Dad always wanted somebody to follow in his footsteps." But she didn't find the long hours her father worked appealing, so she switched to dentistry.

Tran and Getka are the only members of their families to go into the military.

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Headline: Physician improves Pensacola business practice  
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- A Naval Hospital Pensacola physician has developed methods for using technology to improve both record keeping and distribution of work assignments that will save the hospital more than \$130,000 annually.

CDR Kevin Mahaffey, MC, head of the Urology Department and chairman of Medical Records, established initiatives that improved use of the hospital's computer system called the Composite Health Care System (CHCS), which tracks outpatient and family practice patients' laboratory and

radiology results electronically.

Eventually, those results go into a patient's medical record, but because of the voluminous number of files, six contractors and a handful of hospital corpsmen still weren't able to keep the information up to date and filed.

"The records were stacking up in both Family Practice and Outpatient Records departments," said Mahaffey. "The practice of daily filing of laboratory and radiology documents does not result in the efficient use of CHCS and consumes excessive personnel resources."

To effectively reengineer this process, they discontinued the daily printing and filing of computer-generated lab and radiology studies and went to electronic filing.

"We were going to be forced to do this anyway because of the lack of funds," said Mahaffey. "But since CHCS was designed to be paperless, it was the next and obvious step to let medical technology work for the hospital."

The hospital canceled a 6-person contract, which saved the command more than \$130,000 per year in salaries, and it released hospital corpsmen to go back into the wards to assist the command's nursing staff.

The hospital submitted its recommendations to the Bureau of Medicine and Surgery in April 1997 for review and in January of this year, BUMED issued a worldwide Navy policy based upon Pensacola's initiative that applies to all records except inpatient, ambulatory procedure visit, or branch medical clinic records.

Now, when a service member gets Permanent Change of Station orders, the Outpatient or Family Practice records departments will batch print the entire family's laboratory and radiology results that will then be placed into their medical records.

The other initiative developed by Mahaffey and the committee is the establishment of an Electronic Signature Policy through the hospital's computer system.

We were sending referrals and consults out to some of the local hospitals and they began to notice there were no doctor signatures on them even though it was apparent the doctor had reviewed the consults and referrals, Mahaffey said. After that Pensacola began using electronic signatures.

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Headline: Medical team presents Meniere's Disease research at symposium

By: LT Youssef Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- Navy and Army medical professionals attended the International Symposium on Meniere's Disease in April to present their research about inner ear diseases that affect 1 in 1,000 people annually.

LCDR Ben Balough, MC of Great Lakes and CAPT Michael O'Leary, MC, LCDR Michael Hoffer, MC and LTCol Rick Kopke, MC, US Army of Naval Medical Center San Diego presented their

abstract entitled "The Pharmacokinetics of Sustained Release Gentamicin to the Inner-ear" at the symposium held in Paris.

The doctors discussed their research with experts who are researching cures to other inner-ear ailments. They explained how their technique involves inserting micro-catheters into the inner-ear, which deliver various medications for treating and protecting hypersensitive hair cells within the ear that detect sound. The delivery system can also treat a wide variety of sensorineural hearing loss.

"Meniere's Disease is a balance disorder that causes episodes of disabling vertigo and is associated with pressure, tinnitus and hearing loss in the affected ear," said Balough.

Treatments range from dietary restrictions and diuretics that bring relief to two thirds of cases, to the removal of hearing and balance organs that control the vertigo but result in hearing loss. There is also a neurosurgical option to remove the nerves that are affected by this disease.

However, this delicate surgical procedure requires specialized treatment facilities and carries the risks associated with intracranial procedures.

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Headline: Okinawa Sailor named Sailor of the Year for Marine Forces Pacific

By Cpl. Matthew R. Weir, Third Marine Division

CAMP FOSTER, Okinawa -- A Sailor with the Third Dental Battalion has been named Sailor of the Year for the Third Marine Division and Marine Forces Pacific.

Petty Officer 1st Class William D. Glascoe, a dental technician and career counselor here received the award, which is his second Sailor of the Year honor.

After graduation from high school, the Dayton, Ohio native joined the military as a soldier and, upon completing his four-year tour, proceeded to the National College of Denver for formal education.

While in college, Glascoe spoke to a Navy recruiter and said he decided joining the Navy would be his next step in life. From the day of enlistment, Glascoe said he knew he was ready to make the Navy a career, and he was ready to make that career outstanding. Glascoe first took home the honor of Sailor of the Year of Naval Dental Center Europe while stationed in Rota, Spain, in 1994.

When he arrived on Okinawa, there was no doubt in Glascoe's mind about being the dental battalion's Sailor the Year, but he said he surprised himself by making his way to the Marine Forces Pacific level.

Although Glascoe has won Sailor of the Year twice, he does not see himself as being better than any of his co-workers. According to him, everyone he works with is on the same team.

Glascoe said one of his personal goals is to be the first

dental technician to become Master Chief of the Navy. Until then, however, he is setting the example for the young Sailors and Marines he encounters. These are the people who need guidance so that one day they can take the helm, according to Glascoe.

"What I wear and how I act is a direct reflection of my command and the U. S. Navy," he said.

Whether it is going to church, spending time with his daughter, or helping out in his community, Glascoe said he knows he represents the Navy 24 hours a day, seven days a week.

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Headline: Information Center director receives literary award

By Mary Katherine Jeffers, Naval Medical Information Management Center

BETHESDA, Md. -- A member of the Naval Medical Information Management Center staff at Bethesda, Md., has been awarded the 1999 Charles R. Loar Literary Award by the Navy Regents of the American College of HealthCare Executives.

CDR Robert E. Connors, MSC, Director of Information Management, was honored at the 1999 Congress on Healthcare Management for his article, The Growing Use of Handheld Personal Computers (H/PCs), "Palmtops," and Personal Digital Assistants in Healthcare.

The ACHE honored CDR Connors because his article exemplified its mission to be the leader in providing knowledge, skills and values that assist health care executives in improving the health status of society.

The purpose of the article was to assist healthcare executives who are considering employing H/PCs, palmtops and/or PDAs in their institutions, and to address the present and future of hand-held computers in health care. As health care providers see the administrative use of these devices by managers, they too will identify and employ more specific purposes for these devices in direct patient care.

Doctors and nurses are already relying on electronic tools for gathering information on patients in hospital and group practice settings. The article also included a comprehensive definition of H/PCs and Palmtop or Palm size personal computers, how they are being used today and the added value and pitfalls of these computers in health care.

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Headline: Decompression research for divers also eases gas pains

By Doris Ryan, Navy Medical Research Center

WASHINGTON -- A team of scientists and technicians at the Naval Medical Research Center (NMRC), Bethesda, Md., is developing a new method of biochemical decompression that



will reduce the risks of decompression sickness for Navy divers.

Dr. Susan Kayar, head of the NMRC Decompression Research Program, and her team used research animals to develop their models for ultra-deep diving using hydrogen as the primary component of the breathing gas mixture.

Divers must return to the surface slowly, a process referred to as decompression, to allow time for losing excess gas absorbed into their bodies from the breathing mixtures used during the dive.

A rapid ascent might cause the excess gas to form bubbles in the blood stream and produce decompression sickness, which could cause neurological, internal damage or death. This decompression phase, which minimizes the divers' risk of decompression sickness, is time-consuming and dangerous.

In the Kayar team's model, non-toxic bacteria, native to the intestinal tract, are used to remove some of the hydrogen dissolved in the animal during a simulated dive in a dry chamber.

According to Kayar, "Removing even a small portion of the total body burden of gas significantly reduces the risk of decompression sickness as the divers return from their dive. Right now, the approach we are using simulates ultra-deep dives to 2000 feet.

"We add bacteria into the intestines of our animal models to metabolize the hydrogen to water and methane. We measure how much methane the animal releases and this gives us an index of how well the bacteria are working in the intestine. From this we can predict how much the risk of decompression sickness is lowered."

According to Kayar, while investigating the use of this decompression method for divers, her team discovered a spin-off product using hydrogen-metabolizing bacteria that may provide gas relief for people who don't dive at all.

She said some people experience hydrogen in their intestines, which can cause pain, bloating and discomfort. The bacteria her team was working with could significantly reduce their discomfort.

With three years of basic research on this project completed, Kayar said the next step is to work through the FDA approval process and develop a coated capsule that will pass through the stomach into the intestines and do its work.

"We would like to find a pharmaceutical company that would freeze dry the bacteria and encapsulate them for use in human trials to test the tolerance levels," Kayar said. "This is the first step in transitioning the research results from animal testing to human testing."

Kayar's team is interested in investigating other areas of decompression sickness as well. She said they are questioning whether the risk of decompression sickness is higher or lower when a diver is cold or warm during the dive, or cold or warm during the period immediately after decompression. They also addressed other questions: Is an

inflammatory response to the bubbles a cause of decompression sickness as opposed to the number or the location of the bubbles? Can decompression sickness be avoided by blocking an immune reaction by the body?" Dr. Kayar is assisted in her research in biochemical decompression by microbiologists at the University of Georgia, and by bacteriologists at the New York State Department of Health. Her Bethesda team includes research assistant Andreas Fahlman, and support personnel Richard Ayres, Jerry Morris, Roland Ramsey, Chief Boatswain's Mate Robert Hale and Chief Engineman Anthony Ruopoli.  
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Headline: Navy Presents Command Excellence in Health Promotion Awards  
By Karen Murphy, Navy Environmental Health Center

NORFOLK, Va. -- The Navy Environmental Health Center announced winners of the Award for Command Excellence in Health Promotion during the "Healthy Lifestyles Forum" video teletraining session on May 12, 1999. The award, established in 1995, recognizes commands that support comprehensive, population-based health promotion programs. USS Cleveland (LPD 7) was a Gold Star Award winner for 1998. The ship's commanding officer, CAPT J. A. Winnefeld, Jr, knows the value of the award for his ship.

"Every step we take towards having a healthier crew means our Sailors are more productive and we achieve greater combat readiness. I'm certain that our emphasis on health promotions contributed to the tremendous success we enjoyed during the six-month deployment we are just now wrapping up."

LCDR Alan Finley, MC, the ship's medical officer, said the award was the result of a team effort.

"Our Medical and Dental Departments joined forces early on and worked closely to develop a health promotions program. After we established a solid foundation together, representatives from the other departments on the ship were invited to participate--and every department responded, helping us develop the program further and selling it to the crew."

USS Belleau Wood (LHA 3) had a health plan for the future according to the ship's senior medical officer, CDR Paul Soroko, MC, and it gained the ship a bronze anchor award for health promotion.

"Our philosophy of Health Promotion has developed into farsighted programs that affect the long term welfare of the crew," he said.

Hospital Corpsman First Class Johnnie Taylor of the Belleau Wood said winning the award demonstrates the ship's commitment to the health and well-being of the crew via various health promotion initiatives.

Belleau Wood's commanding officer, CAPT Thomas Parker, said the ship's Sailors and Marines of the 31st Marine

Expeditionary Unit would be the ultimate beneficiaries of the award.

"Optimum health is very often a deciding factor for successful operations, and our medical department always makes extra effort to insure our sailors and Marines receive the best medical care possible."

Gold Star Award winners:

USS Boxer (LHD 4)  
USS Cleveland (LPD 7)  
USS Enterprise (CVN 65)  
Naval Hospital Bremerton, Wash.  
Naval Hospital Camp Lejeune, N.C.  
Naval Hospital Charleston, S.C.  
Naval Hospital Keflavik, Iceland  
Naval Hospital Roosevelt Roads, Puerto Rico  
Naval Medical Center Portsmouth, Va.  
Shore Intermediate Maintenance Activity, Mayport, Fla.

Silver Eagle Award winners:

Naval Hospital Yokosuka, Japan  
Regional Support Organization San Diego  
USS Carl Vinson (CVN 70)  
Quantico Semper Fit Center, Va.  
Naval Ambulatory Care Center, Newport, R.I.

Bronze Anchor Award winners:

3d Dental Battalion, Okinawa  
USS George Washington (CVN 73)  
USS Belleau Wood (LHA 3)  
Naval Hospital Okinawa  
Naval Hospital Oak Harbor, Wash.  
Naval Dental Center Norfolk, Va.  
USS Comstock (LSD 45)  
Naval Hospital Lemoore, Calif.  
Naval Hospital Guantanamo Bay, Cuba  
Naval Hospital Rota, Spain  
Branch Medical Clinic Iwakuni, Japan  
Branch Medical Clinic Sasebo, Japan  
Naval Hospital Pensacola, Fla.  
Commands interested in submitting an awards package for the year 2000 can obtain information by accessing the Navy Environmental Health Center homepage at <http://www-nehc.med.navy.mil>, or by contacting Ms. Sally Vickers at [vickerss@nehc.med.navy.mil](mailto:vickerss@nehc.med.navy.mil).

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Headline: 1998 Green "H" success stories

By LT Matthew S. Brown, Naval Surface Force, Pacific

SAN DIEGO -- The Commander, Naval Surface Forces Pacific has named 72 ships and eight other units to receive the coveted 1998 Surface Force Commander's Annual Wellness Unit Award. The better known Green "H" for health award was established in 1996 to encourage ships to develop healthy

lifestyle programs that would keep Sailors and Marines healthy and assist a strong readiness posture.

A sampling of the ship and commands showed that attention to detail and team effort contributed to their receiving the awards:

USS Stethem (DDG 63) is a perfect example of what an aggressive health promotion program can do for physical readiness. Stethem's crew has no physical readiness training failures, 100 percent cardiopulmonary resuscitation certification, and half of her crew scored outstanding on the most recent PRT.

Beachmasters Unit One recognizes that a healthy, physically fit crew maximizes operational readiness. The command has instituted group physical training three times a week. The result has been a 35 percent increase in outstanding scores.

USS John S. McCain (DDG 56) commanding officer stands by the motto that "Health is not an ultimate destination but a lifelong journey." An aggressive health promotion campaign has resulted in a dramatic increase in sexual responsibility; not one reported sexually transmitted disease since July of 1996 and the physical readiness training failure rate is 93% lower than the average in Surface Forces Pacific.

Assault Craft Unit-1 personnel recognize that health and wellness are directly related to higher morale, reduced illness and increased productivity. In light of this, their Wellness Council has designated \$6,000.00 per year to be used for Health Promotion Programs. Presently, the command has organized physical training three times a week. As a result, their PT failure rate is half the Surface Force Pacific rate.

USS Wadsworth (FFG 9) provides an example of command commitment to health and wellness. Wadsworth has some of the lowest rates in the Force for tobacco use, alcohol related incidents, PT failures and personnel out of weight standards.

Wadsworth also held a Health Fair aboard ship which included cholesterol screening, dietary counseling with a registered dietician and "The Convincer," a demonstration that shows the importance of using seat belts.

USS O'Brien (DD 975) physical training is led by the commanding officer, executive officer and command master chief three times a week. This has reduced the percentage of crewmembers who fail to meet the weight standards by 70% lower than that of Surface Forces Pacific.

USS Camden (AOE 2)) began a Camden 200-mile and 800-mile

Club. Shipmates who qualify receive T-shirts and other awards. The command also very strongly supports tobacco cessation efforts, which is demonstrated by leadership from up front. Not one single member of the command leadership, i.e., the Captain, XO, CMC and all department heads; uses tobacco. That is a very strong message for all hands.

USS Chandler (DDG 996) has command PT three times a week with the commanding officer and the executive officer leading the way.

USS Chosin (CG 65) now has five exercise areas available for its crew. Two fan rooms have recently been converted to weight rooms with another area being converted to a workout room. The Food Service Department recently instituted the new "Waist-Watchers'" menu, a meal with reduced fat and calories available for every meal.

Commander Amphibious Group-THREE staff has incentives for the PRT program. Those who score 270 points or higher on the PRT are awarded a 96-hour liberty. Those who score an outstanding, but they are below a 270 score are eligible for a 72-hour liberty.

USS Comstock (LSD 45) crewmembers who score 280 points or higher on the PRT become members of the "Comstock Gold Club." Members of the Gold Club receive head of the line privileges in both the chow line and line to the ship's store in addition to a gift certificate from the ship's store.

USS McClusky (FFG 41) The commanding officer has initiated random PRT while underway to ensure optimal physical readiness. During working hours, the commanding officer will call away "PT!" at which all hands will stop what they're doing and perform a set of prescribed calisthenics.

USS Ogden (LPD 5) mess decks have been outfitted recently to support a much larger salad bar. The ship has also recently installed \$40,000.00 worth of gym equipment. Ogden's crew can also boast that their PT failure rate is a fraction of that of the Surface Force Pacific average.

USS Tarawa (LHA 1) track team "adopts" shipmates who are having a difficult time passing the PRT. This approach works on run times and also on improving overall readiness.

USS Valley Forge (CG 50) has a very aggressive physical training program. While deployed, it had a "Malacca Straits Marathon" in which the crew ran in various intervals for 24 hours. An "Iron Man" competition was also held while underway.

And the Green H Awards has produced examples of what our commands can do to promote wellness in our communities: USS Blue Ridge (LCC 19) has a successful anti-smoking effort that extends beyond the ship's lifelines. Personnel from Blue Ridge have taken their anti-smoking campaign to the local elementary school to raise the awareness of the dangers of tobacco use to impressionable students. A poll of the school after this program revealed that all of the students who heard this presentation are convinced that smoking is "not cool."

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Headline: Anthrax question and answer  
From Bureau of Medicine and Surgery

Question: If I am pregnant, planning on becoming pregnant or if I am breast-feeding, can I receive the anthrax vaccination?

Answer: A woman who is breast-feeding or planning on becoming pregnant can receive the anthrax vaccination. The anthrax vaccine, like all other vaccines in the U.S., is classified as "pregnancy category C," which means that animal reproductive studies have not been conducted with the anthrax vaccine.

Therefore, prudent medical practice dictates that all vaccinations, including anthrax, should be routinely deferred for women that are pregnant until the pregnancy is completed. Anthrax vaccine, like other inactive vaccines, is not expected to cause fetal harm. No evidence exists that indicate any adverse reproductive effects including fertility.

Service members who believe that they may be pregnant should inform their health care provider. Anthrax immunizations will be deferred until the pregnancy is complete, unless anthrax exposure is imminent. If a vaccine is inadvertently given to a pregnant woman, no adverse pregnancy outcome or fetal harm is expected because of the vaccine's inactive state.

Headline: TRICARE Question and Answer  
From Bureau of Medicine and Surgery

Question: How can I enroll in TRICARE Prime?

Answer: If you are on active duty you will be enrolled in TRICARE Prime automatically and assigned a Primary Care Manager. When Prime is fully implemented in your area, other categories of beneficiaries can enroll on a voluntary basis either by visiting or calling the local TRICARE Service Center and completing an enrollment application.

Headline: Healthwatch: Use and protect your head when cycling

By Kimberly A. Rawlings, Bureau of Medicine and Surgery

WASHINGTON -- Bicycling offers good aerobic benefits along with a lot of fun. But whether you're exercising or riding just for fun, practice safety first by wearing a helmet.

Nobody expects to fall, but if it happens - be prepared by wearing a helmet. According to the Bicycle Helmet Safety Institute, 75 percent of 900 annual deaths from bicycle crashes occur due to head injuries.

"The bicyclist's risk to incurring soft tissue and closed head injuries markedly decreases when wearing approved head protection," said CDR Jim Kohl, NC, emergency room nursing department head at the Naval Medical Center San Diego.

Bicycle helmets absorb the energy of a blunt impact to the head. Kohl said it is very common to see patients with lacerations, contusions and skull fractures come into the emergency room as result of cycling without a helmet.

Wearing a bike helmet can reduce the risk of head injury by 85 percent according to Bicycle Helmet Safety Institute.

The styrofoam helmet covered with a fiberglass shell, often considered an eye sore among adolescents and teenagers, is light weight but offers the same protection as a motorcycle helmet.

Marine Sgt. Stephen Schmidt can attest to it. Almost a year ago, while riding his bicycle to work, he was rear-ended by a full-sized pick up truck and lost his balance.

"I was lying under the truck and saw the front tire going away from me. I thought to myself, 'My God', the back tire is going to roll over me," Schmidt said in the Naval Safety Center Magazine, Ashore.

That is exactly what happened. Schmidt's head was trapped between the rear tire and the pavement. His only protection was the Styrofoam helmet.

After arriving at the hospital, Schmidt received five staples in his head and was treated for cuts, scrapes and a broken shoulder.

Doctors credit Schmidt's helmet with saving his life and preventing severe brain damage. After less than 24-hours Schmidt was released from the hospital.

Simply wearing a helmet isn't enough. Cyclists also need to wear the helmet properly. The helmet should have a strong strap and an equally strong fastener that is not easily jiggled open. It should sit level on your head and cover as much as possible. Above all, with the strap fastened you should not be able to get the helmet off your head by pulling or twisting. Ensuring the helmet is securely fastened will save your life in the event of an accident. Usually the head will be struck more than once. For example, if someone is hit by a car, their head will probably hit the car first and then the road.

Navy and Marine Corps regulations require anyone riding a bicycle on a military installation to wear a helmet.

While cycling can be fun and offer excellent exercise,

remember to be safe and wear a helmet.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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